

# CLINICAL LABORATORY PERMIT



**pennsylvania**  
DEPARTMENT OF HEALTH

*Pursuant to the act of September 26, 1951, P.L. 1539 as amended, a Permit to operate a Clinical Laboratory is hereby granted to:*

**Laboratory Identification Number: 00316A**

**Name and Director of Laboratory:**

**PENNSSTATE HLTH MILTON S HERSHEY MED CTR  
MICHAEL H CREER, M.D.  
500 UNIVERSITY DRIVE  
DEPT OF PATHOLOGY & LAB MEDICINE  
HERSHEY, PA 17033**

**Owner:**

**PENN STATE MILTON S HERSHEY MED CTR**

**ISSUE DATE: August 15, 2024**

**DATE EXPIRES: August 15, 2025**

**AUTHORIZED CATEGORIES/TESTS:**

**BACTERIOLOGY  
CLINICAL CHEMISTRY  
EXFOLIATIVE CYTOLOGY  
HEMATOLOGY  
IMMUNOHEMATOLOGY  
MYCOLOGY  
NON-SYPHILIS SEROLOGY  
PARASITOLOGY  
RADIOISOTOPE TECHNICS  
SYPHILIS SEROLOGY  
TISSUE PATHOLOGY  
TOXICOLOGY - ALCOHOL SERUM / PLASMA  
TOXICOLOGY - DRUGS URINE SCREENING  
URINALYSIS  
VIROLOGY**

*Debra L. Bogen MD*

**Debra L. Bogen, MD, FAAP  
Acting Secretary of Health**

**DISPLAY THIS CERTIFICATE PROMINENTLY**

**This permit is subject to revocation, suspension, or limitation for violation of the Act or the Regulations promulgated thereunder.**

**PENNSSTATE HLTH MILTON S HERSHEY MED CTR  
MICHAEL H CREER, M.D.  
500 UNIVERSITY DRIVE, MC H160  
DEPT OF PATHOLOGY & LAB MED, ATTN AMANDA MICHAEL  
HERSHEY, PA 17033**